

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>267690</i>	FILING DATE <i>10/2/01</i>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>1</i>						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20	<i>1</i>						70						
21							71						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	<i>2</i>						TOTAL IND.						
TOTAL DEP.	<i>23</i>						TOTAL DEP.						
TOTAL CLAIMS	<i>25</i>						TOTAL CLAIMS						